

**MARINE SAFETY PROGRAM****STATE AID VOUCHER**

This information is required by authority of Part 801, 1994 PA 451, as amended, to obtain/qualify for reimbursement.
CFDA 97.012 BOATING SAFETY FINANCIAL ASSISTANCE

FOR CALENDAR YEAR:**FEDERAL FUNDS** ☐**STATE FUNDS** ☐

Pay to: _____, Treasurer, _____, County

Street Address or P.O. Box _____

City, State, Zip Code _____

EXPENDITURE ITEM	COUNTY USE	DNR USE ONLY
1. Salaries, Wages & Fringes (From Detail of Expenditures)		
2. CSS&M (From Detail of Expenditures PR1932-2 through 5)		
3. Less "Receipts" (Insurance, Gas Tax, Sale of Equipment)		
4. TOTAL		
5. REQUEST AMOUNT: FEDERAL (100% of Total on Line 4) STATE (3/4 of Total on Line 4)		

6. FOR GRANTEE USE ONLY

I hereby certify that the above expenditures have been made in accordance with the schedule of authorized expenditures and regulations adopted by the Department of Natural Resources and that the county listed is entitled to payment of State Aid in accordance with Part 801, 1994 PA 451, as amended; that the above claim is just, true and correct; that no part thereof has previously been included in a State Aid claim.

*Name of Fiscal Officer (Type or Print)*_____
*Title*_____
*Signature of Fiscal Officer*_____
*Date*_____
*Name of County Sheriff (Type or Print)*_____
*Title*_____
*Signature of County Sheriff*_____
*Date***7. FOR DEPARTMENT OF NATURAL RESOURCES USE ONLY**

I hereby certify that the above payroll and list of expenditures have been reviewed and that such expenditures when made in accordance with the schedule of authorized expenditures and regulations adopted by the Department of Natural Resources would entitle the county listed to payment of State Aid in accordance with Part 801, 1994 PA 451, as amended. Such expenditures being certified to by the county sheriff and fiscal officer, payment is hereby approved.

By: _____ Date: _____

By: _____ Date: _____

**Amount of State Aid
Certified for Payment**

\$

8. FOR DEPARTMENT OF TREASURY USE ONLY

Date County Marine Safety Fund Audited

Remarks: _____

Audit Results

☐ Account in Order☐ Refund Ordered: \$ _____

By: _____

Return completed State Aid Voucher with Financial Report and Detail Sheets to:**MARINE SAFETY PROGRAM****GRANTS MANAGEMENT****MICHIGAN DEPARTMENT OF NATURAL RESOURCES****PO BOX 30425****LANSING MI 48909-7925**